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C. Coulliste . III n 3 2003



ACCOUNT NO. : 072100000032 REFERENCE : 060925 COST LIMIT : \$ 35.00 ORDER DATE: April 21, 2003 ORDER TIME : __ 4:23 PM ORDER NO. : 060925-540 CUSTOMER NO: 7375564 CUSTOMER: Arthur L. Gallagher Equity One, Inc 1696 N.e. Miami Gardens Drive North Miami Bea, FL 33179 CHANGE OF AGENT NAME: SHOPPES AT JONATHAN'S LANDING, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 1140 EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sections 60	7.0502, 617.0502,	607.1508, or 617.15	08, Florida Statutes,
	of change is submitted for a	-	_	-
Florida	in order to change	its registered office	e or registered agent,	or both, in the State
of Florida.	of the corporation: SHOPPES A	¬ τ∩ ΝΙΝ σεμαλίες Ι. Ν Ν΄	מונים דאונים	
	·			AS S
2. The princip	al office address: 1696 NE Mi	ami Gardens Driv	e, Suite 200	E T
	North Mia	mi Beach, FL 331	79	- 35 -
3. The mailing	g address (if different):		<u></u>	χ ω <u>π</u>
			<u> </u>	70. 3
4. Date of inco	orporation/qualification: Febr	ruary 12, 1998	_Document number:	P980000 1774 5
	and street address of the curre partment of State:	nt registered agent	and registered office	on file with the
	Alan J. Marcus			
	20803 Biscayne Blvd, Su	ite 301		
	Miami, FL 33180			
6. The name changed):	and street address of the ne	w registered agen	t (if changed) and /or	registered office (if
	Corporation Service Com	pany		
	1201 Hays Street (P.O. Box o	or personal mailbox NOT a	cceptable)	 .
	Tallahassee, FL 32301			
The street add	dress of its registered office anged will be identical.	and the street addr	ess of the business of	fice of its registered
Such change authorized by	was authorized by resolution the board, or the corporation	n duly adopted by in has been notified	ts board of directors of the characteristic in writing of the characteristic in the char	or by an officer so inge.
(Signature of an offi	cer, chairman or vice charman of the boa	Laura	R. Dunlap, Attorney (Printed or typed name and t	in Fact (Ne)
I further agre performance	pt the appointment as regist e to comply with the provisi of my duties, and I am famil ent. Or, if this document is t s, I hereby confirm that the c	ons of all statutes iar with and accer	relative to the proper of the obligation of my	and complete v position as
Je !	(Signature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·	7-2-0 (Date)	
If signing on bel	half of an entity:	ine Reynolds		
		s its agent	(Capacity)	
	(v) has or viring viring)	-	(capaci-y)	

* * * FILING FEE: \$35.00 * * *